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	CIR/DIST/DIV. CODE MAX	2. PERSON REPRESENTED BLEIDT, BRADFORD							VOUCHER NUMBER				
3. MAG. DKT./DEF. NUMBER 1:04-000277-001			4. DIST. DKT./DEF. NUMBER			5. APPEALS DKT./DEF. N			UMBER	MBER 6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name)			8. PAYMENT (9. TYPE PERSON REPRES			ENTED	D 10. REPRESENTATION TYPE (See Instructions)				
J	J.S. v. BLEIDT	Felony	Felony			Adult Defendant			Criminal Case				
11. OFFENSE(S) CHARGED (Ci c U.S. Code, Title & Section) 1. OFFENSE(S) CHARGED (Ci c U.S. Code, Title & Section) 1. 18 1341.F FRAULDS AND SWINDLES													
12. ATTORNEY'S NAME (First? ame, M.I., Last Name, including any suffix) AND MAILING ADDRESS LEE, EDWARD J. 65 FRANKLIN ST SUITE 500 BOSTON MA 02110 Telephone Number: (617) 3 50-6882 14. NAME AND MAILING ADDITESS OF LAW FIRM (only provide per instructions)					,	Other (See Instructions) Signature of Presiding Judicial Officer deby Order of the Court 04/05/2005 Date of Order Nunc Pro Tunc Date							
Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES NO													
CCUMMENT SERVICES AND TOPPASES SERVICES AND TOP OF THE COURT DESCRIPTION OF THE COURT DESC													
	CATEGORIES (Attach	vices with dates)		HOURS CLAIMED		TOTAL AMOUN CLAIME	T D	MATH/TECH ADJUSTED HOURS	ADJ	TH/TECH JUSTED JOUNT	ADDITIONAL REVIEW		
15.	a. Arraignment and/o	or I lea								ana i			
		b. Bail and Detention Hearings											
I	c. Motion Hearings				<u> </u>								
n	d. Trial												
C o	e. Sentencing Hearing			\longrightarrow									
u r	f. Revocation Hearing	gs											
t	g. Appeals Court		4-1										
	h. Other (Specify on additional sheets)						3.00				exemple.		
	(Rate per hour =				goodsoniki sajir.								
16. O	a. Interviews and Conferences												
O u t	b. Obtaining and reviewing records c. Legal research and by ief writing											 	
o f		d. Travel time											
C	e. Investigative and O		sheets)										
o u r t			(Specify on addition										
	(Rate per hour =	<u> </u>		OTALS:				\blacksquare					
17.			t, meals, mileage, e rt, transcripts, etc.)					\dashv					
16.			, , , , , , , , , , , , , , , , , , , ,					\dashv					
19.	CERTIFICATION OF ATTOLNEY/PAYEE FOR THE PERIOD OF SERVICE FROM						20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 21. CASE DISPOSITION						
22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment Have you previously applied to the court for compensation and/or remimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the court, have you or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.													
	Signature of Attorney:					~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Date: _	********					
23	IN COURT COMP.	24. OUT OF CO	LONGO SENSONANO DE LA VIENE			CHENCES 26 OTHER			T TYPENORO	PEVDENCES 17 TOTAL AME ADDO			
٤٥.	IN COURT COMI.	∕EL E∧	XPENSES	20.	26. OTHER EXPENSES			27. TOTAL AMT. APPR / CERT					
28.	SIGNATURE OF THE PRI	IGNATURE OF THE PRESIDING JUDICIAL OFFICER				DAT			DATE			28a. JUDGE / MAG. JUDGE CODE	
29.	N COURT COMP. 30. OUT OF COURT COMP.			31. TRAVEL EXPENSES			32.	32. OTHER EXPENSES			33. TOTAL AMT. APPROVED		
34.	SIGNATURE OF CHIEF JU approved in excess of the statut	yment	DAT	DATE 34s			34a. JUDGE CODE						